

ITEMIZED BUDGET – MATCH DOCUMENTATION
SUB-GRANT NUMBER G-DPA-05-04

Applicant_____ Program Manager_____

BUDGET CATEGORY	BRIEF DESCRIPTION OF SPECIFIC INTENDED USE OF FUNDS	SOURCE	TYPE OF ORG. (CORPORATION, FOUNDATION, LOCAL GOV.)	DATE OF RECEIPT (Funds in hand.)*	EXPECTED DATE OF RECEIPT (Funds committed.)	TOTAL MATCH
Salaries						
Employee Benefits						
Postage						
Printing						
Consumable Supplies						
Travel						
Other						
Other						
Other						
Other						
Other						
Total Amt. Supplied by Match						

*Please attach document. Acceptable documentation for proof of matching fund commitments includes a sub-grant letter, check, wire transfer, or other disbursement document.

